



Documentation of Due Care Compliance Submittal Form

This form is for submittal of Documentation of Due Care Compliance, pursuant to Part 201, Environmental Remediation and/or Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended Section 20114g(1) and/or Section 21323n(1) for property that is a facility as defined by Section 20101(1)(s) or Property as defined by Section 21303(d). An owner or operator of a facility or a Property has due care obligations under Section 20107a and Section 21304c with respect to any existing contamination to prevent unacceptable exposure; prevent exacerbation; take reasonable precautions; provide reasonable cooperation, assistance, and access to authorized persons taking response activities at the property; comply with land use restrictions associated with response activities; and not impede the effectiveness of response activities implemented at the property. Pursuant to Section 20114g(2) and Section 21323n(2) within 45 business days after receipt of the Documentation of Due Care Compliance the department shall, if the report contains sufficient information for the department to make a decision, approve, approve with conditions, or deny the Documentation of Due Care Compliance (DDCC) report.

Section A: Submitter Information

Name of legal entity that owns or operates or will own or operate the property:	Contact for questions if different from legal entity Name & Title:
Address: City: State: Zip: Contact person (Name & Title):	Company: Address: City: State: Zip: Telephone: E-Mail:
Telephone: E-Mail:	

Section B: Property Information

Street Address of Property: City: State: Zip: Property Tax ID (include all applicable IDs): City: State: Zip: Status of submitter relative to the property (check all that apply): Current Prospective Owner <input type="checkbox"/> <input type="checkbox"/> Operator <input type="checkbox"/> <input type="checkbox"/>	County: City/Village/Township: Town: Range: Section: Quarter: Quarter-Quarter: Decimal Degrees Latitude: Decimal Degrees Longitude: Reference point for latitude and longitude: Center of site <input type="checkbox"/> Main/front door <input type="checkbox"/> Front gate/main entrance <input type="checkbox"/> Other <input type="checkbox"/> Collection method: Survey <input type="checkbox"/> GPS <input type="checkbox"/> Interpolation <input type="checkbox"/>
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Section C: Source of contamination at the property (check all that are known to apply):

Facility regulated under Part 201, other source, or source unknown Part 201 Site ID, if known:	<input type="checkbox"/>
Leaking Underground Storage Tank regulated pursuant to Part 213 Part 211/213. Facility ID, if known:	<input type="checkbox"/>
Oil or gas production and development regulated pursuant to Part 615 or 625	<input type="checkbox"/>
Licensed landfill regulated pursuant to Part 115	<input type="checkbox"/>
Licensed hazardous waste treatment, storage, or disposal facility regulated pursuant to Part 111	<input type="checkbox"/>

Section D: Pathway Evaluations/Proposed Actions within the DDCC to prevent or mitigate an unacceptable exposure (check all that apply):

	Known	Relevant to Current or Proposed Use
Free Product / Non Aqueous Phase Liquid (NAPL)	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination above residential criteria	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination above non-residential criteria	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above residential criteria	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above non-residential criteria	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above the Acute Inhalation Screening Level	<input type="checkbox"/>	<input type="checkbox"/>
Soil Gas contamination above residential vapor intrusion (VI) screening levels	<input type="checkbox"/>	<input type="checkbox"/>
Soil Gas contamination above non-residential VI screening levels	<input type="checkbox"/>	<input type="checkbox"/>
Conditions immediately dangerous to life or health (IDLH)	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Explosion hazards related to releases	<input type="checkbox"/>	<input type="checkbox"/>
Contamination existing in drinking water supply	<input type="checkbox"/>	<input type="checkbox"/>
Imminent threat to drinking water supply	<input type="checkbox"/>	<input type="checkbox"/>
Impact to surface water	<input type="checkbox"/>	<input type="checkbox"/>
Impact to surface water sediments above screening levels	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Response Activities (Check all that apply):

	Implemented	Proposed
Excavation	<input type="checkbox"/>	<input type="checkbox"/>
Physical or Engineered Exposure Barrier	<input type="checkbox"/>	<input type="checkbox"/>
Active Soil Remediation System	<input type="checkbox"/>	<input type="checkbox"/>
In-situ Soil Remediation	<input type="checkbox"/>	<input type="checkbox"/>
Active Groundwater Remediation System	<input type="checkbox"/>	<input type="checkbox"/>
In-situ Groundwater Remediation	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitored Natural Attenuation	<input type="checkbox"/>	<input type="checkbox"/>
Containment, Physical or Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Intrusion Barrier	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Intrusion Remediation System	<input type="checkbox"/>	<input type="checkbox"/>
MIOSHA demonstration Section 20120a(19)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Check all that apply:

1. The property is a facility as defined by Section 20101(1)(s) or/and the property is a Property as defined by Section 21303(d).	<input type="checkbox"/>
2. An All Appropriate Inquiry (AAI) or a Phase I Environmental Assessment is included with the submittal.	<input type="checkbox"/>
3. The DDCC provides sufficient rationale to demonstrate that the data are reliable and relevant to define conditions at the property to adequately assess the owner or operators due care obligations.	<input type="checkbox"/>
4. The DDCC contains the environmental analytical results, a drawn, scaled map showing the property boundaries, sample locations, relevant site features, etc.	<input type="checkbox"/>

Section G: Environmental Professional Signature:

With my signature below, I certify that this DDCC and all related materials are true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Printed Name:

Company of Environmental Professional:

Address:

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____

Section H: Submitter Signature:

With my signature below, I certify that to the best of my knowledge and belief, this DDCC and all related materials are true, accurate, and complete.

Signature: _____ Date: _____

(Person legally authorized to bind the legal entity)

Printed Name:

Title and Relationship of signatory to submitter:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail address: _____

Submit the DDCC report and this form to the DEQ District Office for the county in which the property is located.
A district map is located at www.michigan.gov/bea or www.michigan.gov/deqrrd.

DDCC TABLE OF CONTENTS

Currently under development